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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* NONE AL

\*\* FOREIGN APPLICATIONS \*\*\*\*\* NONE AL

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY GERMANY	SHEETS DRAWING 1	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Examiner's Signature <i>Amelia L. Lewis</i> Initials <i>AL</i>				

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## TITLE

Cervical intervertebral prosthesis

FILING FEE  RECEIVED 1320	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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